



Iowa Department of Human Services

2013 Provider Quality Management Self- Assessment

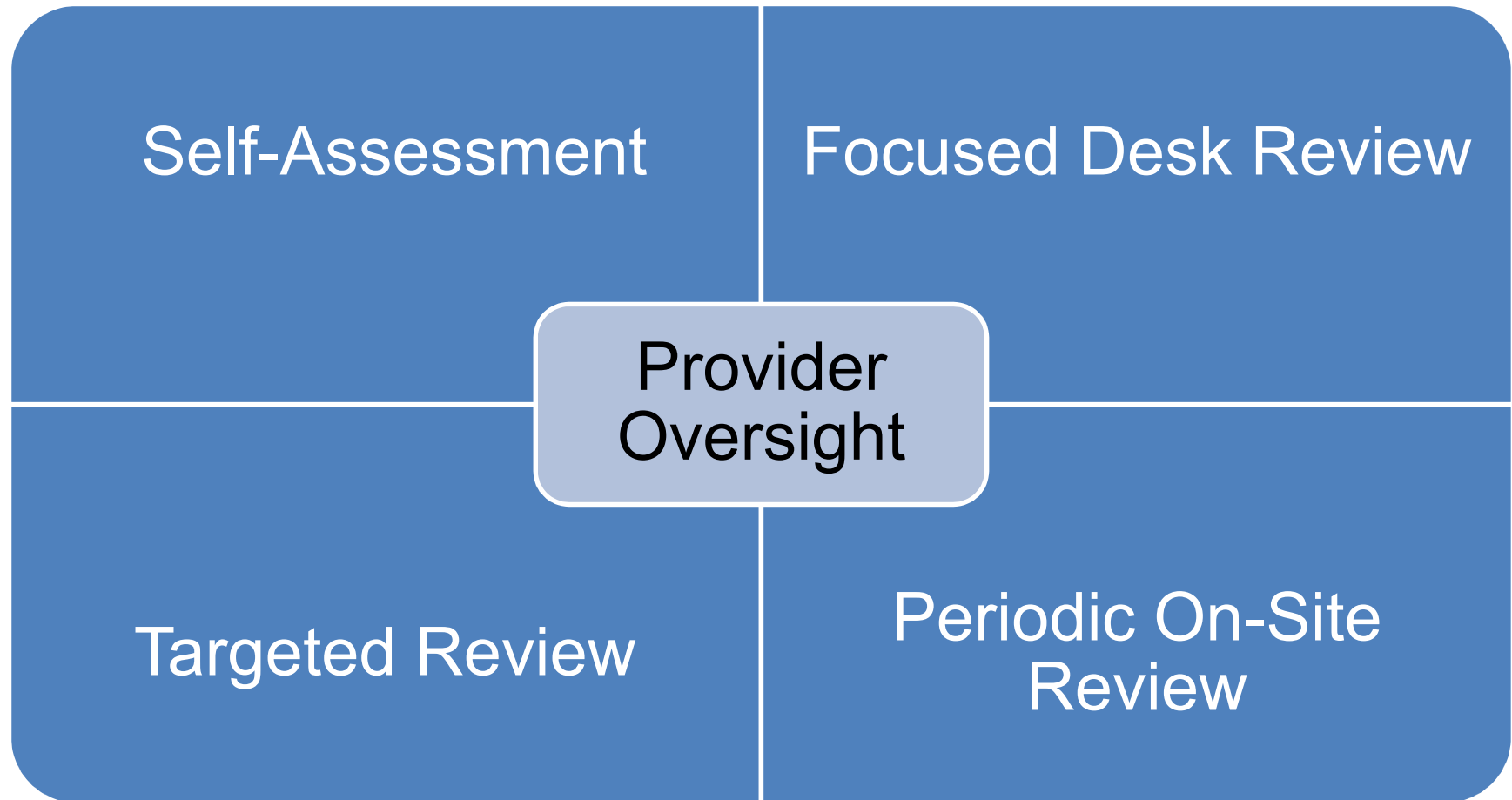
October 16, 2013



Objectives

- Overview of the Home and Community Based Services (HCBS) Provider Quality Oversight process
- Familiarize providers with the 2013 Self-Assessment
- Identify and address frequently asked questions
- Provide resources for technical support

Four Methods of Provider Oversight



Focused Review

- The purpose is to verify the provision of quality service delivery.
- Providers are randomly selected to represent a variety of services, provider types and geographical areas or if issues are identified through other quality improvement activities.
- Focused Review Topics change annually.
- Outcome could result in commendations, recommendations, corrective actions or an on-site review.

Targeted Review

- Can be conducted as needed, either announced or unannounced. May consist of a desk review or may be completed on site.
- Initiated as a result of concerns arising from other quality oversight activities including other types of reviews, incident reports, complaints, member surveys, or referral from other units within IME.
- Outcome could result in commendations, recommendations, corrective actions, or sanctions

Periodic/Certification On-Site Reviews

- Considered a “full” review.
- Evaluates evidence to support quality service delivery by examining evidence of compliance with the Code of Federal Regulations (CFR), Iowa Code, and Iowa Administrative Code (IAC) standards.
- Periodic review occurs on 5-year cycle, certification reviews are combined with periodic review when possible.
- Outcome could result in commendations, recommendations, corrective actions or sanctions.

Self-Assessment

- Annual self-reporting tool on standards for service delivery for identified HCBS Medicaid providers.
- Providers are expected to self-report on CFR, Iowa Code, and IAC requirements for specific services and implementation of best practice recommendations and develop corrective action plans as needed.



Self-Assessment (continued)

- Part of demonstrating your on-going internal quality improvement process.
- Opportunity to self-govern and assess outcome of future reviews.

Due Date

- By December 1, 2013
- **Incomplete self-assessments will not be accepted.**
- If any portion of the self-assessment is not completed as instructed, the provider will be notified and a completed self-assessment shall be resubmitted by the provider by December 1, 2013.
- **Failure to submit the required 2013 Quality Management Self-Assessment by December 1, 2013 will jeopardize your agency's Medicaid enrollment.**

The 2013 Self-Assessment

• www.ime.state.ia.us/hcbs/reviewtools.html

• Two versions

• Save form to your computer

• Complete electronically

• Read instructions carefully



Self-Assessment

2013 Home- and Community-Based Services (HCBS) Provider Quality Management

This form is required for entities enrolled to provide services in Section B under the following waivers/programs:

- | | | |
|------------------------------|---|------------------------------------|
| • Health & Disability Waiver | • Elderly Waiver | • Brain Injury Waiver (BI) |
| • AIDS/HIV Waiver | • Children's Mental Health Waiver (CMH) | • Physical Disability Waiver (PD) |
| | • Intellectual Disability Waiver (ID) | • HCBS Habilitation Services (Hab) |

This form is setup as a Microsoft Word template and is to be completed and submitted as directed below. Each provider is required to submit one, five-section self-assessment by **December 1, 2013**. **Incomplete self-assessments will not be accepted.** For assistance working with the template, visit www.ime.state.ia.us/hcbs/reviewtools.html to download a help sheet.

The completed 2013 Self-Assessment should be returned to:

Attention: Provider Self-Assessment
Iowa Medicaid Enterprise
HCBS Quality Oversight
P.O. Box 36330
Des Moines, IA 50315
Fax: 515-725-3536 (preferred)

Section A: Identify the provider submitting this form.

Section B: Identify the programs and services your agency is enrolled to provide. If you are uncertain which services you are enrolled for, contact Iowa Medicaid Enterprise (IME) Provider Services at 800-338-7909 option 2 (515-256-4609 in Des Moines) or imeproviderservices@dhs.state.ia.us.

Section C: Identify each location where this agency has offices. For agencies with only one office, the address in Section C should identify that one location.

Section D: Use the "select response" drop-down menu to indicate the most accurate response for each item. If required areas are incomplete the self-assessment will be returned to the provider and must be resubmitted.

Section E: Please complete and sign as directed.

Section F: Please fill out the information as requested.

Questions should be directed to the HCBS Specialist assigned to the county where the **parent agency** is located. For a complete list of HCBS Quality Oversight Unit contacts and a list of HCBS Specialists by region, please visit <http://www.ime.state.ia.us/HCBS/HCBSContacts.html> and click on "HCBS Specialists Regions."

Section A – Provider Identification

Please identify your agency by providing the following information (please type using the text entry fields below).

Employer ID number (EIN) (9-digits): []					
Provider name (as registered to EIN indicated above): []					
Administrator/CEO: []			Title: []		
Mailing address: []			Agency address: []		
City: []	State: []	Zip: []	City: []	State: []	Zip: []
County: []			County: []		
Name of person responsible for agency quality improvement activities: []				Phone number: [] Ext: []	
Title of person responsible for agency quality improvement activities: []				Fax number: []	
Quality coordinator's email address: []			Administrator's email address: []		
Agency website address: []					

Section A – Provider Identification (continued)

- Demographic Information
- EIN = employer ID# or taxpayer ID#
- Legal name, if different from name you are doing business as(DBA)
- Correct email addresses
- If you have had a change in legal name or address, complete form 470-4608 on <http://www.ime.state.ia.us/Providers/Forms.html>

Section B – Service Enrollment

Indicate *each* of the programs and corresponding services your agency is **enrolled** to provide (regardless of whether or not these services are currently being provided). If your agency is not enrolled for any of the services in this section, they are not required to submit the *2013 Provider Quality Management Self-Assessment*. If you are uncertain as to the services your agency is enrolled for, please contact the IME Provider Services as explained on page one.

Program	<input type="checkbox"/> AIDS/HIV Waiver	<input type="checkbox"/> BI Waiver	<input type="checkbox"/> CMH Waiver
Services	<input type="checkbox"/> Adult day care <input type="checkbox"/> Agency Consumer-Directed Attendant Care (CDAC) <input type="checkbox"/> Respite <input type="checkbox"/> Counseling	<input type="checkbox"/> Adult day care <input type="checkbox"/> Behavior programming <input type="checkbox"/> Agency Consumer-Directed Attendant Care (CDAC) <input type="checkbox"/> Family counseling and training <input type="checkbox"/> Interim medical monitoring and treatment (IMMT) <input type="checkbox"/> Prevocational <input type="checkbox"/> Respite <input type="checkbox"/> Supported community living (SCL) <input type="checkbox"/> Supported employment (SE)	<input type="checkbox"/> Family and community support services <input type="checkbox"/> In-home family therapy <input type="checkbox"/> Respite

Section B – Service Enrollment (continued)

- Newly added for 2013 are AIDS/HIV Waiver Counseling, HD Waiver Counseling, and Elderly Waiver Mental Health Outreach.
 - All Elderly Waiver Case Management Providers were added in 2012.
- Select all services you are enrolled for.
- Self-Assessment answers will be based on policies and procedures for the services indicated in Section B.

Section C –Office Locations

INSTRUCTIONS Identify each location where your agency is providing HCBS services. For agencies with only one office, details for “Location #1” (below) **MUST** be provided. Include additional copies of this page as needed.

■ Location # 1

NPI number(s) (10-digits): <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>					
Provider/Agency name (Name doing business as): <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>					
Contact person: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>			Phone number: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>		Fax number: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>
Title of contact person: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>			Email address: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>		
Mailing address: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>			Agency address: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>		
City: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>	State: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	Zip: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	City: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>	State: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	Zip: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>
Office Hours:	Monday: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div> Tuesday: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div> Wednesday: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div> Thursday: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div> Friday: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>				
	Saturday: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div> Sunday: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>				

■ Location



NPI number(s) (10-digits): <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>					
Provider/Agency name (Name doing business as): <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>					
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Title of contact person: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>			Email address: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>		
Mailing address: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>			Agency address: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>		
City: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>	State: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	Zip: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	City: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 2px;"></div>	State: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	Zip: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>
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	Saturday: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div> Sunday: <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>				

Section C – Office Locations (continued)

- Include all agency office locations, including satellite offices.
 - List all NPIs related to each office location.
- Can print additional pages as necessary for all office locations.
- Do not include 24-hour residential sites as a location unless an agency office is located at that site.

Section D – Iowa Administrative Code Standards

II. Providers are required to meet the following training requirements IAC 77.37(1)“e” / 77.39(1)“e”	
Within 30 days of employment for full-time staff (unless otherwise indicated), the following training requirements must be met and documented for all staff providing services. Part-time staff must have these trainings documented and completed within 90 days of employment (unless otherwise indicated). Trainings are required for certain habilitation and waiver programs as listed below. It is recommended as a best practice that each waiver program provide all the trainings listed below.	Response Options:
1. The curriculum used by the provider is approved by the Iowa Department of Public Health, and includes the following: IAC 641-93.1	
a. Child and/or Dependent Abuse training completed within six months of hire (or documentation of current status) Iowa Code 235B.16 / 232.69	Select Response:
b. Training every five years Iowa Code 235B.16 / 232.69	Select Response:
2. Member rights IAC 77.37(1)“e” / 77.39(1)“e”	Select Response:
3. Rights restrictions and limitations IAC for Hab, BI and ID 77.25(4) / 77.37(1)“e” / 77.39(1)“e”	Select Response: *
4. Member confidentiality IAC for ID 77.37(1)“e,” BI 77.39(1)“e,” required under HIPAA	Select Response:
5. Provision of member medication (must include policy training within 90 days of employment, according to provider policy)	Select Response:

Select Response: *

Select Response:
 Yes
 No
 NA

Section D – Iowa Administrative Code Standards (continued)

- You must select a response for each standard. Any self-assessments with unanswered standards or comments will be returned and considered not complete.
 - If indicating “Yes”, it means you have a policy and/or evidence in place as required. It is not necessary to explain your response.
 - If indicating “No”, you must describe a corrective action plan (CAP) to meet the standards
 - If indicating “NA”, you must describe why the standard(s) are not applicable to your facility.



Section D - IV. Quality Improvement Plan

- Changes made this year to be more in line with Iowa Administrative Code Chapter 77.37(1)f and 77.39(1)f for enrolled ID and BI Waiver providers
- The Quality Improvement Plan (QIP) is important for providers to periodically self-identify and correct areas of need.

Section E – Guarantee of Accuracy

In submitting this Self-Assessment or signing this Guarantee of Accuracy, the provider and all signatories jointly and severally certify that the information and responses are accurate, complete, and verifiable. Further, the provider and all signatories are familiar with the laws and regulations governing the Iowa Medicaid program (see page one) in order to achieve compliance with the standards listed in the HCBS rule. The Iowa Department of Human Services, or an authorized representative, may conduct desk reviews as initiated by random sampling or as a result of a complaint. **No false statement, response, or representation, or any false, incomplete, or misleading information, may be subject to criminal, civil, or administrative liability.**

Providers can review website <http://sos.iowa.gov/> to determine if required to be registered or if their registration is active. Answer "yes" if are registered with the Secretary of State and you are currently in good standing.

Is this organization in good standing with the Iowa Secretary of State's Office? **Select Response**

In order to qualify as an HCBS provider for the services your agency is enrolled to provide, is accreditation, licensure or certification from an organization other than HCBS required?

Select Response

If yes, name of the accrediting/licensing/certifying organization:

- ☐ CARF International
- ☐ Council on Accreditation
- ☐ The Council on Quality and Standards
- ☐ The Joint Commission (TJC)
- ☐ Chapter 24
- ☐ Department of Inspections and Appeals
- ☐ Iowa Department of Public Health
- ☐ Other: _____

This is regarding accreditation, licensures, or certification that your organization maintains in order to meet HCBS enrollment requirements.

Dates of accreditation/licensure/certification: _____

Need to include start and end dates (ie- 5/15/2011 to 5/31/2014)

Is your organization in good standing with the accreditation/licensing/certifying organization?

Select Response

If your organization received less than a three year accreditation/certification, the review results and corrective action plan must accompany the completed 2013 HCBS Provider Quality Management Self-Assessment.

Provider's answer "Yes" if they received the highest level available. Answer "No" if they received anything less than highest level and corrective action was required. If answering no, they also send copy of the report and any required corrective action.

Director

Director

Date

Section E – Guarantee of Accuracy (continued)

- Accreditation/Licensing/Certification needed to provide enrolled HCBS services
 - Identify the organization(s) from the list provided
 - Include start and end dates of accreditation/licensure/certification
 - Accreditation review results and corrective action plan must be included if less than a 3 year accreditation

Section E – Guarantee of Accuracy (continued)

- Signatures ensure the information is accurate, complete, and verifiable
 - Self-Assessments without signatures will be returned
 - Factor in time to obtain signatures
 - Indicate if your agency does not have a board of directors

Iowa Department of Human Services
2013 Provider Quality Management Self-Assessment

Section F – Direct Support Professional Workforce Data Collection

Direct Support Professional Workforce Data Collection

Provider Name _____

NPI Provider Number(s) _____


(Complete only one form and list all NPI Numbers)

Instructions

For the purposes of these questions, a direct support professional is an individual who provides supportive services and care to people who are elderly, experiencing illnesses, or disabilities. This definition *excludes* individuals working as nurses, social workers, counselors, and case managers.

Individuals providing the following waiver services should be considered direct support professional workers:

- Adult Day Care
- Behavioral Programming
- CCO
- CDAC
- Family and Community Support Services
- Home Health
- Homemaker
- Interim Medical Monitoring and Treatment
- Prevocational Services
- Respite
- Residential SCL
- SCL
- Supported Employment

- 
1. Please list your organization's total number of full-time and part-time employees (including contract employees).

_____ Total Number of Full-time and Part-time Employees

Of this total, please list the number of full-time and part-time employees providing direct support services according to the definition provided above. Please include supervisors and coordinators who provide direct support services.

_____ Number of Full-time Direct Care Workers (including contract employees)

_____ Number of Part-time Direct Care Workers (including contract employees)

2. The U.S. Department of Labor utilizes the following three titles and definitions to gather information on the direct support professional workforce.

Please list the number of individuals you employ in the following three categories. Choose the category that best reflects services provided. Individuals do not need to be certified as a home health aide or nurse aide to be included in those categories. An individual cannot be counted in more than one category.

Personal and Home Care Aides

Often called direct support professionals, these workers provide support services such as implementing a behavior plan, teaching self-care skills and providing employment support, as well as providing a range of other personal assistance services. They provide support to people in their homes, residential facilities, or in day programs, and are supervised by a nurse, social worker, or other non-medical manager.

_____ Number of Personal and Home Care Aides (including contract employees)

Home Health Aides

Home health aides typically work for home health or hospice agencies and work under the direct supervision of a medical professional. These aides provide support to people in their homes, residential facilities, or in day programs. They help with light housekeeping, shopping, cooking, bathing, dressing, and grooming, and may provide some basic health-related services such as checking pulse rate, temperature, and respiration rate.

_____ Number of Home Health Aides (including contract employees)

Nursing Aides

Most Nursing Aides have received specific training for the job and some have received their certification as a Certified Nursing Assistant (CNA) in Iowa. According to the Department of Labor, Nursing Aides provide hands-on care under the supervision of nursing and medical staff in hospitals and nursing care facilities, although they do work in home and community based settings as well. Nursing Aides often help individuals eat, dress, and bathe, and may take temperature, pulse rate, respiration, or blood pressure, as well as observing and recording individuals' physical, mental, and emotional conditions.

_____ Number of Nursing Aides (including contract employees)

Timeliness

- Due by December 1, 2013
- Implementation of corrective action to address current CFR, Iowa Code, and IAC standards must be completed within 30 days of the date in Section E.
- **Failure to submit the required 2013 Quality Management Self-Assessment will jeopardize your agency's Medicaid enrollment.**

Submission

- Self-Assessment will be submitted as one complete document
- Fax or Mail only
 - Fax preferred
- Include supporting documentation from accreditation, only if needed (See Section E – Guarantee of Accuracy)

What to expect following submission

- Providers will receive confirmation of receipt by IME
- Incomplete submission
 - If areas are incomplete or corrective action was not identified, the provider will be notified and the self-assessment must be resubmitted.
 - The December 1, 2013 due date still remains.

HCBS Support

- Where to find more information/support
 - Website
 - <http://www.ime.state.ia.us/hcbs/ReviewTools.html>
 - Self-Assessment Form
 - Link to regional specialist map
 - Link to email address for questions
 - Link to this recorded webinar
 - Informational Letter No. 1295

**HCBS Operations
Manager**
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dscavo@dhs.state.ia.us

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Nebraska

**Incident and Complaint
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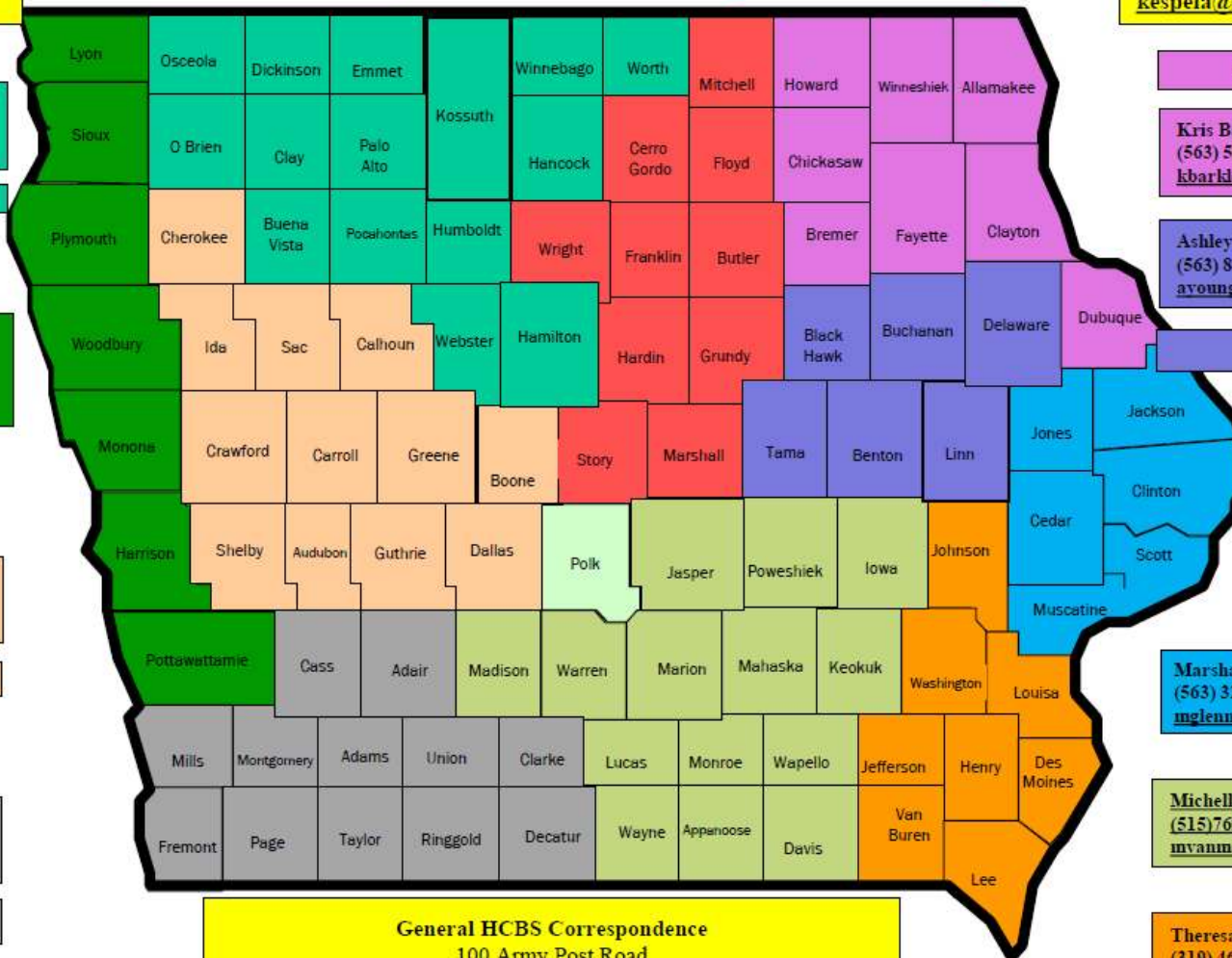
Ashley Young
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Illinois

Marsha Glenn
(563) 323-1579
mglenn@dhs.state.ia.us

Michelle Van Maaren
(515) 769-4200
mvanmaa@dhs.state.ia.us

Theresa Hemann
(319) 463-5320
themann@dhs.state.ia.us



General HCBS Correspondence

100 Army Post Road
P.O. Box 36330
Des Moines, Iowa 50315
Fax: 515-725-3536

waiverslot@dhs.state.ia.us : Waiver wait list/slot questions
hcbsir@dhs.state.ia.us : Complaints and Incident report follow-up
hcbswaiver@dhs.state.ia.us : General HCBS questions

Revised 7.26.13

Additional Resources

- Iowa Administrative Code (IAC):

<https://www.legis.iowa.gov/IowaLaw/AdminCode/agencyDocs.aspx>

- Iowa Code:

<http://search.legis.state.ia.us/nxt/gateway.dll/ic?f=templates&fn=default.htm>

- Informational Letter sign-up on IMPA homepage:

<https://secureapp.dhs.state.ia.us/impa>

- Archived Informational Letters

<http://www.ime.state.ia.us/Providers/Bulletins.html>

Additional Resources (cont.)

- Provider Services:

www.ime.state.ia.us/Providers/index.html

imeproviderservices@dhs.state.ia.us

1-800-338-7909 (toll free) or 515-256-4609 (Des Moines)

Select Option 4

- 
- Send questions to:

hcbsqi@dhs.state.ia.us

Subject: 2013 Self-Assessment